

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.
10/509389

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1			1		1	
2				1		1
3					1	
4				1		
5					1	
6				1		
7					1	
8				1		
9				2		
10					1	
11				1		
12					1	
13				1		
14					1	
15				1		
16			1			1
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50						
TOTAL IND.		↓	2	↓		↓
TOTAL DEP.		↓	10	↓		↓
TOTAL CLAIMS			12			

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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52						
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100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		↓		↓		↓
TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS